

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION**



**INSTRUCTIONS FOR FILING APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL (ABC)  
MANAGER'S LICENSE APPLICATION**

Please read all questions carefully. Each question must be answered. If a question or one portion of the question does not apply, fill in the word **"NONE"**.

1. **All persons applying for the Manager's License must be 21 years of age.**
2. Applications must be submitted in person, Monday through Friday, between the hours of 8:30 a.m. to 4:00 p.m. **Please bring government issued identification with you.**
3. Please note the term **"APPLICANT"** as used in this application designates the person in whose name the license will be issued if the application is approved.
4. All applicants must obtain a police clearance from the District of Columbia's Metropolitan Police Department, located at 300 Indiana Ave., NW, Room 3058, Washington, DC 20001, Monday through Friday, between the hours 9:00 a.m. to 3:00 p.m. In addition, a police clearance for your current residence and from each state in which you have resided in the past five (5) years.
5. All persons with a misdemeanor conviction during the last five (5) years or felony conviction during the last ten (10) years must submit a copy of the court disposition.
6. Your license may be issued the same day or it may be forwarded to the ABC Board for final review.
7. Application forms must be notarized where applicable.
8. **FEE:** The application must be accompanied by the proper license fee in the form of cash, a cashier's check, certified check or money order, payable to the D.C. Treasurer. The Manager's License fee is \$200 and is valid for two years. Please see the attached prorated fee schedule. **NO BUSINESS OR PERSONAL CHECKS WILL BE ACCEPTED.**
9. Attach extra sheets if space allowed under any item is inadequate or inconvenient. Write, **"see attachment"** in any such space, and show name of licensee and date of application at the top of each sheet.

**Instructions for the Manager's Application:**

- 1 - 5: Provide appropriate information
- 6: Check appropriate box and provide appropriate information.
- 6a: Attach required information if applicable
- 7 - 8: Check appropriate box
- 9: Provide employer's name and address as shown on the ABC license
- 10: Provide establishment's trade name as shown on the ABC license
- 11: Provide employer's telephone number
- 12: Provide application number for establishment

**Manager's Certification/Affidavit:**

Complete appropriate information.

**Manager's Employment Certification:**

Form to be completed by any person(s) with hiring authority.

**Clean Hands Certification:**

Complete appropriate information then have form stamped by the District of Columbia's Office of Tax and located at 941 North Capitol Street, NE, 1st floor, Washington, DC 20002

**SPECIAL NOTICE**

The District of Columbia will provide the appropriate services and auxiliary aids, including sign language interpreters, whenever necessary to ensure effective communication with members of the public who are deaf, hearing impaired or who have other disabilities affecting communications. Requests for services and auxiliary aids should be made at least ten days prior to any scheduled hearing. Please notify Laura Byrd, Chief of the Adjudication Division at (202) 442-4423.

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**MANAGER'S PRORATED LICENSE FEE SCHEDULE**

The following fees are prorated based on the month you submit your application.

**MONTH**

**FEE**

July	\$200.00
August	\$192.00
September	\$183.00
October	\$175.00
November	\$167.00
December	\$158.00
January	\$150.00
February	\$142.00
March	\$133.00
April	\$125.00
May	\$117.00
June	\$108.00

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MANAGER'S APPLICATION

OFFICIAL USE ONLY									
Application Number:			License Number:				Control Number:		
Date Accepted:					Accepted By:				
Fees Paid: \$			From		To		Issue Date: From To		
Board Approval Date:		Board Member's Initials:		→					
TO BE COMPLETED BY APPLICANT									
1. Applicant's Name (Last, First, Middle Initial):					2. Other Names Used:				
3. Date of Birth:			4. Place of Birth:			5. Home Telephone Number:			
6. Residential Address: Street _____ City _____ State _____ Zip Code _____									
7. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If naturalized Citizen (attach copy)</i> Give date, place and certificate number: _____									
7a. If applicable, attach copy of the following document: Green Card Number: _____ Visa Number: _____ Work Permit: _____ Expiration Date: _____									
8. Have you ever: 1. received or applied for any alcoholic beverage license in D.C. or any state or territory <input type="checkbox"/> Yes <input type="checkbox"/> No 2. had any alcoholic beverage license suspended or revoked <input type="checkbox"/> Yes <input type="checkbox"/> No 3. been convicted of a misdemeanor during the last five (5) years or felony during the last ten (10) years <i>(If yes, attach a copy of the court disposition)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No									
9. Does any member of your immediate family now hold an ABC license or have any financial interest, directly or indirectly, in any ABC licensed establishment in the District of Columbia? <input type="checkbox"/> Yes <input type="checkbox"/> No									
10. Employer's Name (As shown on the ABC License): _____  Employer's Address: (As shown on the ABC License): Street _____ City _____ State _____ Zip Code _____									
11. Trade Name:			12. Business Telephone:			13. Application Number:			

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name / Title

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 200\_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_

My Commission expires on: \_\_\_\_\_

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
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**ALCOHOLIC BEVERAGE CONTROL MANAGER**

**CERTIFICATION / AFFIDAVIT**

I \_\_\_\_\_, hereby certify that, I have purchased and read Title 25 of the Official D.C. Code and Title 23 of the District of Columbia Municipal Regulations. These documents contain the codes provisions and regulations for conducting an alcoholic beverage business. I understand that I will be held responsible for complying with the codes provisions and regulations contained therein.

And,

I, certify under penalty of perjury, that the statements in the foregoing are true and correct to the best of my knowledge and belief and I further hereby authorize the Alcoholic Beverage Control Board and/or it's employees to investigate all of the information contained herein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name / Title

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 200\_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_

My Commission expires on: \_\_\_\_\_

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
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**MANAGER'S EMPLOYMENT CERTIFICATION**

I, (we), certify under penalty of perjury, that I, (we) have employed \_\_\_\_\_,  
as an Alcoholic Beverage Control Manager subject to the approval of the District of Columbia's Alcoholic  
Beverage Control Board.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Licensee/Corporate Name**

\_\_\_\_\_  
**Trade Name**

\_\_\_\_\_  
**Date**

**PLEASE NOTE: Any person(s) with hiring authority may sign this form.**

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FOR OFFICIAL  
USE ONLY

OFFICE OF TAX &  
REVENUE (OTR)

SIGNATURE

DATE

PLEASE SIGN AND RETURN BOTH COPIES OF THIS FORM

CLEAN HANDS CERTIFICATION

**TO THE APPLICANT:** PLEASE READ CAREFULLY AND COMPLETELY BEFORE SIGNING. A FALSE STATEMENT ON THIS CERTIFICATION REQUIRES THAT THE ADMINISTRATION PROCEED IMMEDIATELY TO REVOKE THE LICENSE OR PERMIT FOR WHICH YOU ARE NOW APPLYING, AND FINE YOU \$1,000.00 (ONE THOUSAND DOLLARS). THIS CERTIFICATION IS REQUIRED BY THE CLEAN HANDS ACT OF 1996; EFFECTIVE MAY 11, 1996, (D.C. LAW 11-118, D.C. OFFICIAL CODE SEC. 47-2861 *et seq.*) **BEFORE YOU ARE ELIGIBLE TO RECEIVE A LICENSE OR PERMIT.**

I, \_\_\_\_\_, as \_\_\_\_\_,  
(Name - print or type) (Applicant's Title)

certify that \_\_\_\_\_,  
(Home Address)

SSN NUMBER \_\_\_\_\_, as of this date \_\_\_\_\_,

Does not owe more than \$100.00 to the District of Columbia Government as a result of:

1. Fines, penalties or interest assessed pursuant to the Litter Control Administrative Act of 1985, effective March 25, 1986 (D.C. Law 6-100; D.C. Official Code Sec. 8-801 *et seq.*);
2. Fines, penalties or interest assessed pursuant to the Illegal Dumping Enforcement Act of 1994, effective May 20, 1994 (D.C. Law 10-117; D.C. Official Code Sec. 8-901 *et seq.*);
3. Fines, penalties or interest assessed pursuant to the Department of Consumer & Regulatory Affairs Civil Infraction Act of 1985, effective October 5, 1985 (D.C. Law 6-42; D.C. Official Code Sec. 2-1801.01 *et seq.*); or
4. Past due taxes; or
5. Past due District of Columbia Water and Sewer Authority Service Fees.

I understand that if I knowingly falsify this Certification, the Administration will move to revoke the license or permit for which I am applying, and fine me \$1,000.00 (one thousand dollars). I further understand that the Administration may conduct an investigation to ascertain the veracity of this certification.

I understand that this Certification is now required as documentation to accompany my application for a license or permit, and that by completing this Certification, I am not guaranteed that my license or permit will be approved.

Signature

Print Name/Title

ABC Application Number

ABC License Number

CC: Office of Tax and Revenue  
(REV 4/03)

For Tax Assistance Call (202) 727-4829